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PTO/SBI06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Petent and Tradamank Office; U.S. DEPARTMENT OF COMMERCE
Index the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of Information united it deplays a value CMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875														
APPLICATION AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY		OR	OTHER THAN . SMALL ENTITY		
FOR			HUMBER FILED		MUMB	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	PEE (\$)	
8ASIC FEE (37 CFR 1.18(a), (b), or (c))			ı	¥A		N/A			NA			NZA		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			,	¥A		N/A			N/A		ŀ	N/A		
EXAMINATION FEE			-	NA		N/A			NZA			N/A		
TOTAL CLAIMS (27 CFR 1.100))			minus 20 =		,	•			x25 =		O R	×50 -		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 🤏			•			× 100			,200.		
FEE	LICATION SIZE CFR 1.16(v))		If the specification and drawings a sheets of paper, the application is is \$250 (\$125 for amail antity) for additional 50 sheets or fraction th 35 U.S.C. 41(a)(1)(G) and 37 CFI			ize fee eech erecf.	due See		·					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(J))									NIA			N/A		
* if the difference in column 1 is less than zero, enter "O" in column 2.									TOTAL		ŀ	TOTAL		
	APPL	LICA1	ION AS A	MEND	ED - PART II									
(Column 1) (Column 2) (Column 5)								_	SMALL E	SMALL ENTITY OR OTHER THAN SMALL ENTITY				
ΠA		RE	LAIMS MAINING NFTER F NOMENT		NIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			RATE (S)	ADOI- TIONAL FER (8)		RATE (\$)	ADOI- TIONAL FEE (3)	
MENDMENT	Total promittep	•	38	Minus	" 32	•	6]	, -		OR	x 50.	300	
Q	thdependent GT QFR 1.1820	•	8	Minus	- 3	•	5		х =		OR	хДо0.	1000	
IME	Application Size Fee (37 CFR 1.16(a))										1			
•	FIRST PRESENTATION OF MALTURE DEPGINDENT CLAIM (B7 OFR 1.18(I))								NA		OR	N/A		
									TOTAL ADO'L FEE		OR	TOTAL ADDI, PEE	1300	
(Column 1) (Column 2) (Column 3)														
A B	5/24/2	RE	LAMS MAINING LFTER NDMENT		NUMBER PREVIOUSLY PAID FOR		SENT TRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- TIONAL FEE (\$)	
ÿ	Total (b) CFR 1/403)	•	3(Minus	- 32	-			х =		OR	×50-		
AMENDME	andependent GF CFR 1.140(3)	•	1	Manus	- 3	°			x a		OR-	×200.	7	
3	Application Size Fee (37 CFR 1.16(a))							1			1		7	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (67 CFR 1.18(j))]	N/A		OR	N/A	<u> </u>	
									TOTAL ADO'L PEE		OR	TOTAL ADD'L PER		
	" If the "Highest i	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Nighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Nighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". The "Nighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". The "Nighest Number Previously Paid For" (Total or independently is the Independently in the accomplishe box in column 1.												

This collection of triomston to required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gentering, preparing, and submitting the completed application from to the USPTO. Then with very depending upon the Individual case. Any comments on the amount of time your require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paper Individual case. Any comment and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEEB OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2